

Office Use Only
Safety Town
Elementary SS

EMERGENCY FORM

Student's Name: _____ Grade 12-13: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ Present School: _____

In case of emergency, please refer to the following:

Mother's Name: _____ Business Phone: _____

Father's Name: _____ Business Phone: _____

Relative or Neighbor: _____ Phone: _____

In the event of a medical emergency, the school reserves the right to call an ambulance and transport the child by ambulance to the nearest hospital or, if feasible, to the preferred hospital indicated on this Emergency Card. Parents will be contacted as promptly as possible.

Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preferred: _____

If your child has a significant medical condition or should require any medication in school, either prescription or over the counter, please contact the Public Health Nursing office @ 203-256-3150 Mon-Fri between 8 a.m. and 4 p.m. for further assistance

I give permission for essential medical information to be communicated to appropriate school personnel to ensure my child's health and safety in school.

Parents Signature _____ Date _____

*** OTHER AUTHORIZED PEOPLE WHO CAN PICK UP STUDENTS:**

Name _____ Name _____

Relationship _____ Relationship _____

Phone Number _____ Phone Number _____

Please notify the Summer School Office IMMEDIATELY if there should be any changes to the above

Mommy & Me – 203-255-8318
PreK - 2 Summer School—203-255-8318
3-5 Summer School—203-255-7385
Safety Town—203-255-7385